

108TH CONGRESS
1ST SESSION

H. R. 102

To amend title XVIII of the Social Security Act to permit expansion of medical residency training programs in geriatric medicine and to provide for reimbursement of care coordination and assessment services provided under the Medicare Program.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 7, 2003

Mr. GREEN of Texas introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to permit expansion of medical residency training programs in geriatric medicine and to provide for reimbursement of care coordination and assessment services provided under the Medicare Program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Geriatric Care Act of
5 2003”.

1 **SEC. 2. DISREGARD OF CERTAIN GERIATRIC RESIDENTS**
2 **AGAINST GRADUATE MEDICAL EDUCATION**
3 **LIMITATIONS.**

4 (a) DIRECT GME.—Section 1886(h)(4)(F) of the So-
5 cial Security Act (42 U.S.C. 1395ww(h)(4)(F)) is amend-
6 ed by adding at the end the following new clause:

7 “(iii) INCREASE IN LIMITATION FOR
8 GERIATRIC FELLOWSHIPS.—For cost re-
9 porting periods beginning on or after the
10 date that is 6 months after the date of en-
11 actment of the Geriatric Care Act of 2003,
12 in applying the limitations regarding the
13 total number of full-time equivalent resi-
14 dents in the field of allopathic or osteo-
15 pathic medicine under clause (i) for a hos-
16 pital, rural health clinic, or Federally
17 qualified health center, the Secretary shall
18 not take into account a maximum of 3
19 residents enrolled in a fellowship or resi-
20 dency in geriatric medicine or geriatric
21 psychiatry within an approved medical
22 residency training program to the extent
23 that the hospital, rural health clinic, or
24 Federally qualified health center increases
25 the number of such residents above the
26 number of such residents for the hospital’s,

1 rural health clinic’s, or Federally qualified
 2 health center’s most recent cost reporting
 3 period ending before the date that is 6
 4 months after the date of enactment of such
 5 Act.”.

6 (b) INDIRECT GME.—Section 1886(d)(5)(B) of the
 7 Social Security Act (42 U.S.C. 1395ww(d)(5)(B)) is
 8 amended by adding at the end the following new clause:

9 “(ix) Clause (iii) of subsection (h)(4)(F), inso-
 10 far as such clause applies with respect to hospitals,
 11 shall apply to clause (v) in the same manner and for
 12 the same period as such clause (iii) applies to clause
 13 (i) of such subsection.”.

14 **SEC. 3. MEDICARE COVERAGE OF CARE COORDINATION**
 15 **AND ASSESSMENT SERVICES.**

16 (a) PART B COVERAGE OF CARE COORDINATION AND
 17 ASSESSMENT SERVICES.—Section 1861(s)(2) of the So-
 18 cial Security Act (42 U.S.C. 1395x(s)(2)) is amended—

19 (1) in subparagraph (U), by striking “and” at
 20 the end;

21 (2) in subparagraph (V), by inserting “and”
 22 after the semicolon at the end; and

23 (3) by adding at the end the following new sub-
 24 paragraph:

1 “(W) care coordination and assessment services
2 (as defined in subsection (ww)).”.

3 (b) CARE COORDINATION AND ASSESSMENT SERV-
4 ICES DEFINED.—Section 1861 of the Social Security Act
5 (42 U.S.C. 1395x) is amended by adding at the end the
6 following new subsection:

7 “Care Coordination and Assessment Services; Individual
8 with a Serious and Disabling Chronic Condition;
9 Care Coordinator

10 “(ww)(1) The term ‘care coordination and assess-
11 ment services’ means services that are furnished to an in-
12 dividual with a serious and disabling chronic condition (as
13 defined in paragraph (2)) by a care coordinator (as de-
14 fined in paragraph (3)) under a plan of care prescribed
15 by such care coordinator for the purpose of care coordina-
16 tion and assessment, which may include any of the fol-
17 lowing services:

18 “(A) An initial assessment of an individual’s
19 medical condition, functional and cognitive capacity,
20 and environmental and psychological needs and an
21 annual reassessment of such condition, capacity, and
22 needs, unless the care coordinator determines that a
23 more frequent reassessment is necessary based on
24 sentinel health events (as defined by the Secretary)

1 or a change in health status that may require a
2 change in the individual's plan of care.

3 “(B) The coordination of, and referral for, med-
4 ical and other health services, including—

5 “(i) multidisciplinary care conferences;

6 “(ii) coordination with other providers (in-
7 cluding telephone consultations with physi-
8 cians); and

9 “(iii) the monitoring and management of
10 medications, with special emphasis on the man-
11 agement on behalf of an individual with a seri-
12 ous and disabling chronic condition that uses
13 multiple medications (including coordination
14 with the entity managing benefits for the indi-
15 vidual).

16 “(C) Patient and family caregiver education
17 and counseling services (through office visits or tele-
18 phone consultation), including self-management serv-
19 ices and risk appraisal services to identify behavioral
20 risk factors through self-assessment.

21 “(D) Such other services for which payment
22 would not otherwise be made under this title as the
23 Secretary determines to be appropriate, including ac-
24 tivities to facilitate continuity of care and patient
25 adherence to plans of care.

1 “(2) For purposes of this subsection, the term ‘indi-
2 vidual with a serious and disabling chronic condition’
3 means an individual who a care coordinator annually cer-
4 tifies—

5 “(A) is unable to perform (without substantial
6 assistance from another individual) at least 2 activi-
7 ties of daily living (as described in section
8 7702B(c)(2)(B) of the Internal Revenue Code of
9 1986) for a period of at least 90 days due to a loss
10 of functional capacity;

11 “(B) has a level of disability similar to the level
12 of disability described in subparagraph (A) (as de-
13 termined under regulations promulgated by the Sec-
14 retary);

15 “(C) requires medical management and coordi-
16 nation of care due to a complex medical condition
17 (as defined by the Secretary); or

18 “(D) requires substantial supervision to protect
19 such individual from threats to health and safety
20 due to a severe cognitive impairment (as defined by
21 the Secretary).

22 “(3)(A) For purposes of this subsection, the term
23 ‘care coordinator’ means an individual or entity that—

24 “(i) is—

1 “(I) a physician (as defined in subsection
2 (r)(1)); or

3 “(II) a practitioner described in section
4 1842(b)(18)(C) or an entity that meets such
5 conditions as the Secretary may specify (which
6 may include physicians, physician group prac-
7 tices, or other health care professionals or enti-
8 ties the Secretary may find appropriate) work-
9 ing in collaboration with a physician;

10 “(ii) has entered into a care coordination agree-
11 ment with the Secretary; and

12 “(iii) meets such other criteria as the Secretary
13 may establish (which may include experience in the
14 provision of care coordination or primary care physi-
15 cians’ services).

16 “(B) For purposes of subparagraph (A)(ii), each care
17 coordination agreement shall—

18 “(i) be entered into for a period of 1 year and
19 may be renewed if the Secretary is satisfied that the
20 care coordinator continues to meet the conditions of
21 participation specified in subparagraph (A);

22 “(ii) assure that the care coordinator will sub-
23 mit reports to the Secretary on the functional and
24 medical status of individuals with a chronic and dis-
25 abling condition who receive care coordination serv-

1 ices, expenditures relating to such services, and
 2 health outcomes relating to such services, except
 3 that the Secretary may not require a care coordi-
 4 nator to submit more than 1 such report during a
 5 year; and

6 “(iii) contain such other terms and conditions
 7 as the Secretary may require.”.

8 (c) PAYMENT AND ELIMINATION OF COINSUR-
 9 ANCE.—

10 (1) IN GENERAL.—Section 1833(a)(1) of the
 11 Social Security Act (42 U.S.C. 1395l(a)(1)) is
 12 amended—

13 (A) by striking “and (U)” and inserting
 14 “(U)”; and

15 (B) by inserting before the semicolon at
 16 the end the following: “, and (V) with respect
 17 to care coordination and assessment services de-
 18 scribed in section 1861(s)(2)(W), the amounts
 19 paid shall be 100 percent of the lesser of the
 20 actual charge for the service or the amount de-
 21 termined under the payment basis determined
 22 under section 1848 by the Secretary for such
 23 service”.

24 (2) PAYMENT UNDER PHYSICIAN FEE SCHED-
 25 ULE.—Section 1848(j)(3) of such Act (42 U.S.C.

1 1395w-4(j)(3)) is amended by inserting “(2)(W),”
 2 after “(2)(S),”.

3 (3) ELIMINATION OF COINSURANCE IN OUT-
 4 PATIENT HOSPITAL SETTINGS.—The third sentence
 5 of section 1866(a)(2)(A) of such Act (42 U.S.C.
 6 1395cc(a)(2)(A)) is amended by inserting after
 7 “1861(s)(10)(A)” the following: “, with respect to
 8 care coordination and assessment services (as de-
 9 fined in section 1861(ww)(1)),”.

10 (d) APPLICATION OF LIMITS ON BILLING.—Section
 11 1842(b)(18)(C) of such Act (42 U.S.C. 1395u(b)(18)(C))
 12 is amended by adding at the end the following new clause:

13 “(vii) A care coordinator (as defined in section
 14 1861(ww)(3)) that is not a physician.”.

15 (e) EXCEPTION TO LIMITS ON PHYSICIAN REFER-
 16 RALS.—Section 1877(b) of such Act (42 U.S.C.
 17 1395nn(b)) is amended—

18 (1) by redesignating paragraph (4) as para-
 19 graph (5); and

20 (2) by inserting after paragraph (3) the fol-
 21 lowing new paragraph:

22 “(4) PRIVATE SECTOR PURCHASING AND QUAL-
 23 ITY IMPROVEMENT TOOLS FOR ORIGINAL MEDI-
 24 CARE.—In the case of a designated health service, if
 25 the designated health service is—

1 “(A) a care coordination and assessment
2 service (as defined in section 1861(ww)(1)); and

3 “(B) provided by a care coordinator (as
4 defined in paragraph (3) of such section).”.

5 (f) RULEMAKING.—The Secretary of Health and
6 Human Services shall define such terms and establish
7 such procedures as the Secretary determines necessary to
8 implement the provisions of this section.

9 (g) EFFECTIVE DATE.—The amendments made by
10 this section shall apply to care coordination and assess-
11 ment services furnished on or after January 1, 2004.

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